- MAUREEN	HART	_ State_Assemble	/ 8
ndidate's Name (print)		Office	District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed of \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK / IF IN KIND
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Contributions of \$100 or Less

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MAUREEN_	HART State	Assembly	8
Candidate's Name (print)	Office	7	District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	86.00
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	\$ 33.00
Other miscellaneous expenses	J	

MAUREEN	HART State	Assembly	_8	
andidate's Name (print)	Office		ct (if applicable)	

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON: GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S):OF EACH OF EXPENSES A	AMOUNT(S); OF_S= EACH: EXPENSE
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MAUREEN HART	_ State Assembly	
Candidate's Name (print)	Office /	District (if applicable)

Expenses of \$100 or Less

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